SEP 0 6 2006

es pursuant to	ne Contolidated Appropriations Act, 2005 (H.R. 4818	3)
	TRANSMITTAL	
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For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known				
Application Number	10/767,247			
Filing Date	January 28, 2004			
First Named Inventor	Watanabe, Naoki			
Examiner Name	Yaima Campos			
Art Unit	2185			
Attorney Docket No.	16869B-077300US			

Check	TOTAL AMOUNT OF PAY	MENT (\$) 100.00	Attorney Docke	t No. 16869B-077300	ous		
Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee charge any additional fee(s) or under 73 °CFR 1.16 and 1.17  WARNING: Information on this form may be become public. Credit card information and authorization on PTO-2038.  FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)  1. BASIC FILING, FEES SMAIL Entity Application Type Fee (\$)	METHOD OF PAYMENT	(check all that apply)					
Deposit Account Deposit Account, Number: 20-1430   Deposit Account Name; Townsend and Townsend and Crew LLP	Check Credit C	ard Money Order	None Other (p	lease identify):	•		
Charge fee(s) indicated below  Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or under payments of fee(s)  Charge any additional fee(s) or under payments of fee(s)  Charge any additional fee(s) or under payments of fee(s)  Charge any additional fee(s) or under payments of fee(s)  Charge any additional fee(s) or under payments of fee(s)  Charge fee(s) indicated below, except for the filling fee  Credit any overpayments  Fee Calcularion for payments  Example filling fee (se)  Fee (s) Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee (s)  Fee paid (s)  Credit any overpayments  Fee (s)  Fee Paid (s)  Fee (s)  Fee Paid (s)  Fee (s)	Deposit Account De	eposit Account Number: 20-14			ownsend and Crew LLP		
Charge any additional fee(s) or underpayments of fee(s)    Credit any overpayments	For the above-ident	tified deposit account, the Dir	ector is hereby authorized	to: (check all that apply)			
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information on PTO-2035.    FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)    Application Type	Charge fee(s)	indicated below	Char	ge fee(s) indicated below,	except for the filing fee		
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information on PTO-2035.    FEE CALCULATION (All the fees below are due upon filling or may be subject to a surcharge.)    Application Type	Charge any ad	ditional fee(s) or underpayme	ents of fee(s)		•		
1. BASIC FILING, SEARCH, AND EXAMINATION FEES   SEARCH FEES   Small Entity   Fee (\$)	WARNING: Information on this	form may become public. Cred	Cred lit card information should no		Provide credit card		
SEARCH FEES   Small Entity   Fee (\$)   Fee (	FEE CALCULATION (AII	the fees below are due	upon filing or may be	subject to a surcharge	e.)		
Small Entity	1. BASIC FILING, SEAR						
Application Type					ES .		
Design   200   100   100   50   130   65     Plant   200   100   300   150   160   80     Reissue   300   150   500   250   600   300     Provisional   200   100   0   0   0   0     Provisional   200   100   0   0   0   0     Provisional   200   100   0   0   0   0     Provisional   200   100   0   0   0     Each claim over 20 (including Reissues)   50   25     Each independent claim over 3 (including Reissues)   360   180     Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)	Application Type				Fees Paid (\$)		
Plant	Utility	300 150	500 250	200 100			
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  2. EXCESS CLAIM FEES	Design	200 100	100 50	130 65			
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200 100	300 150	160 80			
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  3 - 3 or HP = 0 x \$200 = \$100  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	Reissue	300 150	500 250	600 300			
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)	Provisional	200 100	0 0	0 0			
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):	Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Each independent claims  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof Fee (\$) Fee (\$						
Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):	4 071155 555(6)						
Other (e.g., late filing surcharge):							
SURMITTED BY	•	•					
	SUBMITTED BY						

SUBMITTED BY					
Signature	Le (Lifel)	Registration No. (Attorney/Agent) 41,405	Telephone 650-326-2400		
Name (Print/Type)	Chun-Pok Leung		Date September 6, 2006		